



# *A Decade of Progress*

Tobacco  
Prevention  
and Control  
in Alaska

*FY 2010 – 2011*





# INTRODUCTION

Alaska is engaged in a profound struggle against tobacco use — the most deadly global health epidemic of our time. Progress is being made. Alaska's comprehensive Tobacco Prevention and Control Program is achieving successes and they are significant. Youth tobacco use has been reduced by 50 percent since 1995 (see page 6) and adult tobacco use by more than 20 percent since 1996 (see page 2).

Tobacco use remains the leading cause of preventable death and disease in the United States, resulting in nearly 500,000 U.S. deaths annually from both direct tobacco use and exposure to secondhand smoke.<sup>1</sup> More people die from tobacco use than alcohol use, auto accidents, suicides, homicides and HIV/AIDS combined (see Deaths Due to Selected Causes chart, page 2). For every one tobacco user who dies, there are 20 more suffering with tobacco-related illnesses.<sup>1</sup>

Since the first U.S. Surgeon General's report on tobacco and health in 1964, research regarding the health impact of tobacco use has escalated, providing a greater breadth of knowledge about this product and how it poisons the human body. The lists get longer, revealing more diseases it is known to cause and product manipulations responsible for those diseases (see "Nicotine Addiction," left).

Throughout these years, there has been one formidable opposition to public health efforts — the tobacco industry. For decades it has, understanding fully the deadly consequences of its actions, conspired to deceive the public, thwart health program efforts, and addict children to sustain its customer base and profit margin.

The cost of this deception has been dear — loved ones have suffered and perished and billions of dollars have been lost at

the national and local level, all while the industry spends billions annually just to market to our children.

## Comprehensive Tobacco Programs – the Strategy

In spite of this formidable opposition, a wealth of public health knowledge has been gathered — derived from experiences and successes, carefully evaluated, and presented as the most effective tobacco prevention strategies that promise to help bring this public health struggle to a close.

The Centers for Disease Control and Prevention (CDC) outlines those strategies for success in *Best Practices for Comprehensive Tobacco Control Programs, 2007*.

Four goals guide a state's comprehensive program:

- ▶ Prevent the initiation of tobacco use
- ▶ Help tobacco users quit their addiction
- ▶ Eliminate exposure to secondhand smoke
- ▶ Eliminate tobacco-related health disparities among population groups

Alaska's Tobacco Prevention and Control Program, organized around and guided by these four goals, continues to be strengthened and enriched by: statewide community collaboration; on-going training, research and evaluation; and the latest states' successes incorporated into CDC's best practices. Within this framework, Alaska has achieved success over time with a sustained and strategic program.

Section sources: <sup>1</sup>U.S. Department of Health and Human Services. *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010; <sup>2</sup>Campaign for Tobacco-Free Kids. (2011). *The Toll of Tobacco in Alaska* [Fact Sheet]. Retrieved from [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/alaska](http://www.tobaccofreekids.org/facts_issues/toll_us/alaska)

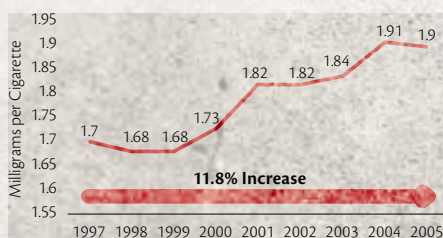
## Nicotine Addiction

*"We are, then, in the business of selling nicotine, an addictive drug."*

— Addison Yeaman, General Counsel to Brown & Williamson Tobacco Company, 1963

Since the Master Settlement Agreement in 1998, tobacco companies have attempted to maintain addiction as well as more quickly addict new smokers (children) by increasing nicotine levels in cigarettes.

## Average Nicotine Yields per Cigarette, 1996-2005



Source: Massachusetts Department of Health & Harvard School of Public Health, 2007.

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*“Tobacco prevention and control efforts need to be commensurate with the harm caused by tobacco use, or tobacco use will remain the largest cause of preventable illness and death in our nation for decades, even though we possess the knowledge and the tools to largely eliminate it.”*

*—How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, A Report of the Surgeon General, 2010*

## Investing in Success

To accomplish these goals and realize more aggressive progress, state programs require full funding. The recent Surgeon General’s report notes that if states invest in comprehensive programs at CDC recommended levels:

- ▶ There would be five million fewer smokers over the next five years and
- ▶ Hundreds of thousands of premature deaths caused by tobacco use would be prevented.

*“Twenty years of successful state efforts show that the more states invest in tobacco control programs, the greater the reductions in smoking, and the longer states maintain such programs, the greater and faster the impact.”*

— *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, A Report of the Surgeon General, 2010*

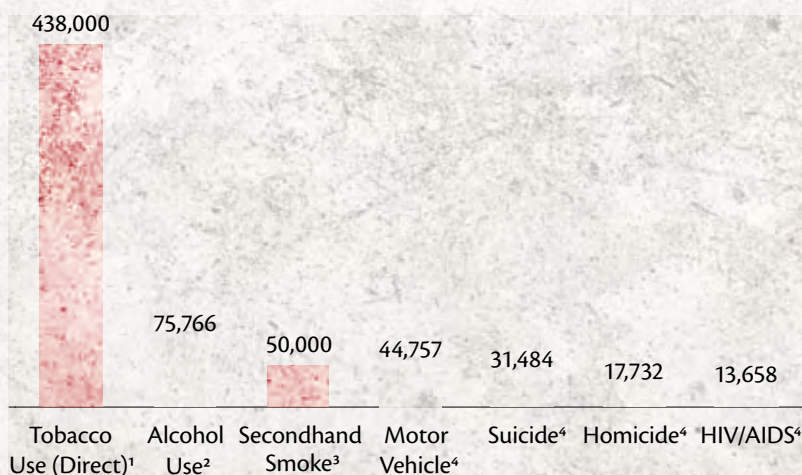
Respected organizations, including the U.S. Surgeon General, the Institute of Medicine (IOM), and the Campaign for Tobacco-Free Kids, recommend that states sustain and

strengthen tobacco prevention programs and use all regulatory powers available to fight this epidemic. According to the IOM, the ultimate goal of ending the tobacco problem in the United States can be achieved with a two-pronged strategy:

- ▶ Strengthen and fully implement traditional tobacco control measures
- ▶ Change the regulatory landscape to permit policy innovations

The Alaska Legislature established the Tobacco Use Education and Cessation Fund to receive 20 percent of the Master Settlement Agreement revenue and a small portion of state tobacco tax revenue to support investment in tobacco prevention and cessation efforts. The CDC recommends that Alaska invest \$16 million to engage a fully funded and comprehensive tobacco prevention and cessation effort with a minimum target of \$11.4 million per year (\$16.11 per capita based on April 2010 Alaska population of 710,231). In FY11 the legislature appropriated \$10.10 million for the Alaska Tobacco Prevention and Control Program to counter the efforts of an industry that targets Alaska with nearly \$20 million annually in promotions.<sup>2</sup>

## Deaths Due to Selected Causes Per Year, United States



Source: <sup>1</sup> CDC. MMWR 2005;54:625-628; <sup>2</sup> CDC. MMWR 2004;53:866-870; <sup>3</sup> Cal/EPA, Office of Environmental Health Hazard Assessment. *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*. Sacramento, CA: California EPA. 2005; <sup>4</sup> Hoyert DL, Heron MP, Murphy SL, Kung H. Deaths: Final Data for 2003. National vital statistics reports; vol 54 no 13. Hyattsville, MD: National Center for Health Statistics. 2006.

## Tobacco-Caused Illness and Disease

Approximately 1,330 Americans die each day as a result of tobacco use — nearly one death each minute. Annually in the United States, tobacco use is directly responsible for approximately:

- ▶ 30% of all cancer deaths
- ▶ 21% of all coronary heart disease deaths
- ▶ 18% of all stroke deaths

Tobacco and secondhand smoke are directly related to:

### Heart Disease

- ▶ Abdominal aortic aneurysm
- ▶ Atherosclerosis
- ▶ Cerebrovascular disease (stroke)
- ▶ Heart attack

### Cancer

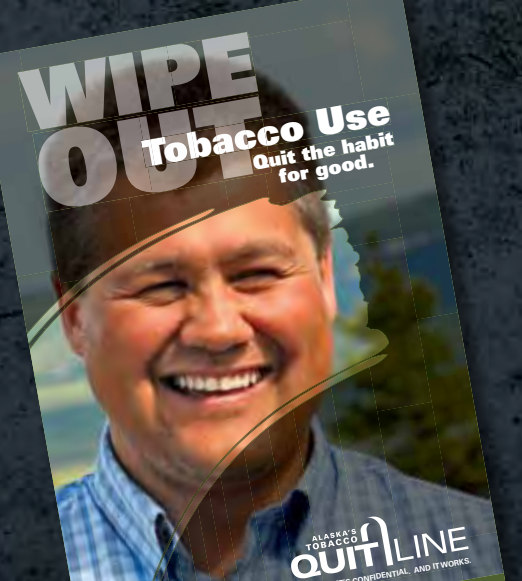
- ▶ Bladder cancer
- ▶ Cervical cancer
- ▶ Esophageal cancer
- ▶ Kidney cancer
- ▶ Laryngeal cancer
- ▶ Leukemia
- ▶ Lung cancer
- ▶ Oral cancer
- ▶ Pancreatic cancer
- ▶ Stomach cancer

### Other

- ▶ Asthma
- ▶ Chronic obstructive pulmonary disease
- ▶ Respiratory infection (e.g. pneumonia)
- ▶ Impaired lung growth
- ▶ Early onset lung function decline
- ▶ Reduced fertility
- ▶ Low birth weight
- ▶ Pregnancy complications
- ▶ Sudden Infant Death Syndrome
- ▶ Blindness
- ▶ Cataracts
- ▶ Erectile dysfunction
- ▶ Hip fractures
- ▶ Dementia

Source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.





# STATUS REPORT FY10-FY11

New media promoting Alaska's Tobacco Quit Line — positive images inspire tobacco users to quit.

## Comprehensive Tobacco Prevention: Elements of Success

The U.S. Surgeon General's first tobacco report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General*, was presented to the public nearly 50 years ago and called for "appropriate remedial action." In the elapsed time, enough states' program results, evaluations and scientific studies have occurred to provide substantial guidance regarding what works to significantly reduce the harms inflicted on our society by tobacco use. The CDC's recommendations for a comprehensive, sustained tobacco prevention program incorporate the following elements:

- ▶ Smokefree workplace policies
- ▶ Tobacco price increases
- ▶ Community-based programs
- ▶ School-based programs
- ▶ Countermarketing media (TV, radio, print, etc.)
- ▶ Enforcement to reduce illegal underage sales
- ▶ Cessation support services (quit line, insurance coverage)
- ▶ Data collection and program evaluation
- ▶ Management and administration

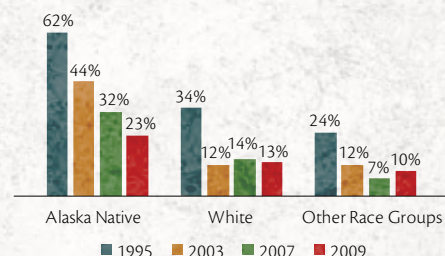
Over the past 10 years, Alaska's commitment toward the development of a sustained, comprehensive tobacco prevention and control program has demonstrated significant progress toward preventing and reducing tobacco use and minimizing related health harms and costs. Alaska has received national recognition for sustaining its program and moving closer to CDC recommended funding levels, which have been shown in other states to produce a notable return on investment.

## Comprehensive Program Success: Saving Lives and Money in Alaska

The drop in smoking realized in Alaska from 1996 to 2007<sup>1</sup> — a reduction of 27,045 smokers — resulted in 7,800 fewer tobacco-related deaths and a \$290 million savings in health care costs.<sup>2</sup> Current survey results reflect the impact of the state's tobacco prevention and control efforts — with Alaska's tobacco use trends signaling continued progress that will save additional lives and dollars.

- ▶ The percentage of Alaska Native high school students who smoke fell significantly from 62 percent in 1995 to 23 percent in 2009. In 2003 Alaska Native students were almost four times more likely to smoke than white students. In 2009 a disparity still exists, with Alaska Native students almost twice as likely to smoke as their non-Native peers. Much work remains to be done to further close this gap.<sup>3</sup>
- ▶ Alaska's overall high school youth smoking rates are less than half of what they were in 1995 — and we haven't experienced the slight uptick in youth smoking rates that has been seen nationwide. The 2009 report shows 16 percent of Alaska high school students smoke, a rate significantly below the 20 percent national average.<sup>4</sup>

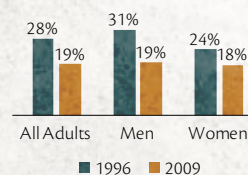
### Youth Smoking Rates by Race/Ethnicity, Alaska 1995-2009



Sources: Alaska Youth Risk Behavior Survey, 1995, 2003, 2007, & 2009

- ▶ The percentage of adults who smoke also declined from 28 percent in 1996 to 19 percent in 2009 (a statistically significant decrease).<sup>5</sup> The smoking rate decline has been significant for both men (19 percent) and women (18 percent).<sup>5</sup>

### Adult Smoking Rates, Alaska 1995 and 2009



Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2009 (Standard and Supplemental Surveys combined)

- ▶ More smokers are quitting or getting ready to quit<sup>5</sup>:
  - ▶ Making a quit attempt: Almost two-thirds of smokers (62 percent) made a quit attempt in 2009, compared to 45 percent in 1996.
  - ▶ Daily smokers: Prevalence of daily smoking was 13 percent in 2009, down from 22 percent in 1996. Decreasing the amount or frequency of smoking is one step toward quitting.<sup>6</sup>
  - ▶ Smokers who quit: Almost two-thirds of Alaskans who have ever

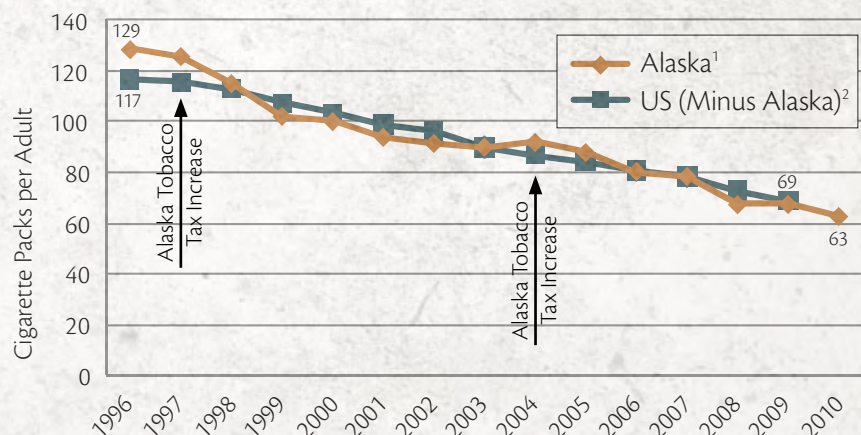
Section sources: <sup>1</sup>Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2007 (Standard and Supplemental Surveys combined); <sup>2</sup>Alaska Department of Health and Social Services, 2008; <sup>3</sup>Alaska Youth Risk Behavior Survey, 1995, 2009; <sup>4</sup>Alaska Youth Risk Behavior Survey, 2009; <sup>5</sup>Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2009; continued next page



**“For every thousand kids kept from smoking by a state program, future healthcare costs in the state decline by roughly \$16 million (in current dollars), and for every thousand adults prompted to quit, future health costs drop by roughly \$8.5 million.”**

**— Campaign for Tobacco-Free Kids, Comprehensive State Tobacco Prevention Programs Save Money, 2005**

## Annual Per-Adult Sales of Cigarettes, Alaska and U.S. 1996-2010 by Fiscal Year



Sources: <sup>1</sup>Alaska Department of Revenue, Tax Division; <sup>2</sup>Orzechowski W, Walker RC. The Tax Burden on Tobacco, vol 44. Arlington, VA: Orzechowski & Walker; 2009

been smokers have now quit — 60 percent in 2009, compared to 49 percent in 1996.

- ▶ Alaska's free telephone-based quit line (1-800-QUIT NOW), established in 2002, provides counseling, materials and nicotine replacement products for those who want to quit.
- ▶ Since 2003, enforcement regulations have reduced Alaska vendors' illegal sales to youth from 30 percent to 7.9 percent in FY11.<sup>7</sup> Youth purchase of tobacco products dropped significantly from 27 percent in 1995 to 8 percent in 2009.<sup>3</sup>
- ▶ Grants to Alaska schools are engaging the education system with evidence-based curricula in the classroom and expanding community tobacco-free environments through comprehensive tobacco-free school campus policies.
- ▶ Sustaining the decline of cigarette consumption, Alaska's 2009 annual per-adult sale of cigarettes is down to 63 packs from 129 packs in 1996 — a reduction of more than 50 percent (see figure above). Alaska's decrease continues to outpace the national decrease.

More than a century ago, the tobacco industry manipulated its way into the fabric of our lives, found the key to product sales through seductive marketing to impressionable children, and secured lifetime consumers by manipulating addiction.

While Alaska's comprehensive tobacco prevention and control program is making headway in unraveling the addiction and freeing our children from a compromised future, we have learned from national experience that progress will erode without a continued commitment to sustaining the current effort.

Much work remains to be done. Alaska is still in the top 20 percent in the nation in terms of smoking prevalence<sup>8</sup> and only roughly half the population is protected from exposure to secondhand smoke.

To bring about greater results, we need to increase program effectiveness by moving up to and beyond the baseline funding threshold recommended for a sustained, comprehensive effort and fully implement known policy solutions.

## “Great for Business” Chilkoot Charlie's Ad



“My name is Mike Gordon. I'm the owner of Chilkoot Charlie's, an iconic Alaskan bar.”



“One of the biggest complaints that I heard about Chilkoot Charlie's was that it was too smoky.”



“I was ready to go smokefree – my customers and my employees have the right to breathe clean air.”



“Clean indoor air – Good for health, GREAT FOR BUSINESS.”



[www.youtube.com/watch?v=gBR-nAnRVVs](http://www.youtube.com/watch?v=gBR-nAnRVVs)

<sup>3</sup>Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2011). *Pathways to Freedom: Winning the Fight Against Tobacco* [Brochure]. Retrieved from [http://www.cdc.gov/tobacco/quit\\_smoking/how\\_to\\_quit/pathways/index.htm](http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/index.htm); <sup>7</sup>Alaska Synar Compliance Database, 1996-2011; <sup>8</sup>Campaign for Tobacco-Free Kids. (2011). *Key State-Specific Tobacco-Related Data & Rankings* [Fact Sheet]. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>





“Going smokefree has helped us gain business, customers consistently compliment us on it, and it creates a better environment for our staff and patrons. We save money on ashtrays, matches, and cleaning costs. Overall it has been extremely positive for us.”  
— Alex Fox, Manager  
Humpty's Great Alaskan Alehouse  
Subzero Micro Lounge

# SECONDHAND SMOKE

Secondhand smoke is not merely a nuisance. It kills. Nearly 50,000 people in the U.S. die each year from heart disease and lung cancer alone as a result of exposure to secondhand smoke.<sup>2</sup> Other organs become diseased as toxins from tobacco smoke travel throughout the body. Adverse effects can be immediate and deadly. Heart attacks, asthma attacks and Sudden Infant Death Syndrome are among the consequences of exposure to secondhand smoke.

Within the past five years alone, the U.S. Surgeon General's office — armed with mounting evidence from a vast array of rigorous scientific research — issued two substantive reports that warn the American people of the dire and immediate health consequences from exposure to secondhand smoke.

As the most recent 2010 Surgeon General's report notes, *“When individuals inhale cigarette smoke, either directly or secondhand, they are inhaling more than 7,000 chemicals: hundreds of these are hazardous, and at least 69 are known to cause cancer. The chemicals are rapidly absorbed by cells in the body and produce disease-causing cellular changes.”*

## Alaskans Support Smokefree Workplace Policies









A super-majority of Alaskan adults — 91 percent, along with 82 percent of adult smokers — recognize that secondhand smoke is harmful. Eighty-nine percent of all adults and 83 percent of adult smokers agree that people should be protected from secondhand smoke. Community leaders across the state are responding by taking action to eliminate the health threat of exposure to secondhand smoke in workplaces and public places.

Numerous Alaska communities have adopted smokefree workplace laws — including Anchorage, Juneau, Sitka, Barrow, Bethel, Unalaska, Klawock, Haines and most recently Petersburg, Skagway and Nome.

However, according to Americans for Nonsmokers Rights, only 53 percent of the state's population is protected by 100 percent comprehensive smokefree workplace laws. Based on other states' experiences, further significant health improvements and medical cost containment can be expected in Alaska when the entire population is protected from secondhand smoke exposure.

## Alaskans Recognize the Harms of Secondhand Smoke

In Alaska, a large majority of non-smokers as well as smokers recognize that exposure to secondhand smoke is harmful and support smokefree indoor air.

	All Adults	Smokers
Secondhand smoke is harmful ... <sup>1</sup>	91% 	82% 
Smoking not allowed anywhere inside their home ... <sup>1</sup>	92% 	71% 
People should be protected from secondhand smoke ... <sup>1</sup>	89% 	83% 
All indoor work areas should be smokefree ... <sup>1</sup>	85% 	66% 

Source: Alaska Behavioral Risk Factor Surveillance System,<sup>1</sup>2009 (Supplemental Survey).

Section sources: <sup>1</sup>Herman PM, Walsh ME. Hospital admissions for acute myocardial infarction, angina, stroke, and asthma after implementation of Arizona's comprehensive statewide smoking ban. *Am J Public Health*. 2011;101(3):491-6; <sup>2</sup>U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

“Great for Business” testimonial ad – well-known hospitality industry leaders share the economic and health benefits of a smokefree workplace policy.

## Smokefree Laws Save Lives and Dollars

Over the past decade more states, local communities and even entire nations have adopted comprehensive smokefree workplace laws that include bars and restaurants. Laws are currently in place in 29 U.S. states, Washington DC and Puerto Rico along with more than 18 countries and 10 of Canada's 13 provinces.

Studies following the passage of smokefree workplace laws continue to come from communities reporting notable immediate reductions in hospital admissions for heart attacks and other ailments. Among those are Montana, Colorado, Ohio, Indiana, New York, and most recently Arizona — where \$16.8 million in avoided hospitalization costs were associated with drops in admissions for heart attacks, angina, stroke and asthma.<sup>1</sup>



*"In 1964, Surgeon General Luther Terry called for "appropriate remedial actions" to address the adverse effects of smoking ... Every inhalation of tobacco smoke exposes our children, our families, and our loved ones to dangerous chemicals that can damage their bodies and result in life-threatening diseases ... The science is now clear that "appropriate remedial actions" include protecting everyone in the country from having to breathe secondhand smoke ..."*

—Dr. Regina Benjamin, U.S. Surgeon General  
*How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, A Report of the Surgeon General, 2010*

## Good for Health, Great for Business

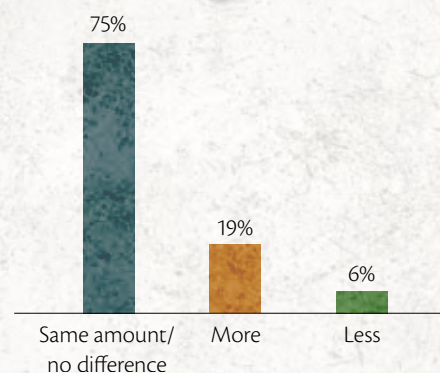
Since 2000, the State Tobacco Prevention and Control program has sustained a health message campaign about the hazards of exposure to secondhand smoke. During FY10-11, the ads began talking to businesses through the voices of their peers with the message that smokefree workplaces are "Good for health. Great for Business."

More than twenty Alaskan businesses from Fairbanks, Mat-Su, Anchorage, Nome, Sitka, Kodiak, Kotzebue, Haines, Petersburg, and Seward delivered this message, letting Alaskans know that

- ▶ All employees and patrons have the right to breathe smokefree air, and
- ▶ Their businesses are thriving and customers are happy.

Even hospitality venues, such as iconic bars like Chilkoot Charlie's in Anchorage, Rumrunner's in Wasilla and the Salty Dawg in Homer, are realizing what Alaska research has been demonstrating for a number of years — Alaskans support smokefree businesses.

### If Bars Were Smokefree, I Would Go Out ...



Source: Alaska Behavioral Risk Factor Surveillance System, 2009 (Supplemental Survey)

## Ventilation is Ineffective

According to the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), which sets national industry standards, ventilation efforts cannot protect against secondhand smoke, nor can attached smoking rooms or air cleaning equipment. ASHRAE concurs with the Surgeon General that banning smoking from the workplace is the only effective way to protect workers and non-smokers.

## Smokefree Housing

As public awareness increases regarding the well-established dangers of secondhand smoke, residents and owners of multi-unit housing are reaching out for assistance in setting smokefree policies for apartments and condos.

Alaska is among the many states responding to residents' health concerns regarding toxic secondhand smoke drifting between units. The Tobacco Prevention and Control program is collaborating with the Alaska Tobacco Control Alliance housing workgroup — the Alaska Smokefree Housing Partnership — to provide educational materials to property owners, housing agencies, managers and tenants in public housing, commercial apartments and condominium communities in order to guide them in the process of voluntary conversion to a smokefree property.

Smokefree policies are a win/win — in addition to the positive health impact for tenants, property owners realize a significant cost savings in property maintenance and increased safety by reducing fire risk. Some insurance companies will reduce premiums for smokefree properties.

## Protecting the Most Vulnerable

Public housing residents often include society's most vulnerable — the elderly, the disabled, low income families with infants and young children. Those who have limited housing choices often bear a higher burden of chronic disease and cannot risk life-threatening exposure to secondhand smoke.

There are currently at least 230 smokefree housing authorities in 27 states. In 2010, the U.S. Department of Housing and Urban Development issued a memo to their rental assistance program recipients on how to adopt smokefree policies. In Alaska, five tribal housing authorities have smoke-free policies for some or all of their properties:

- ▶ Aleutian Housing Authority
- ▶ Cook Inlet Housing Authority
- ▶ North Pacific Rim Housing Authority
- ▶ Petersburg Indian Association
- ▶ Tlingit-Haida Regional Housing Authority

Responses to the policies have been overwhelmingly positive:

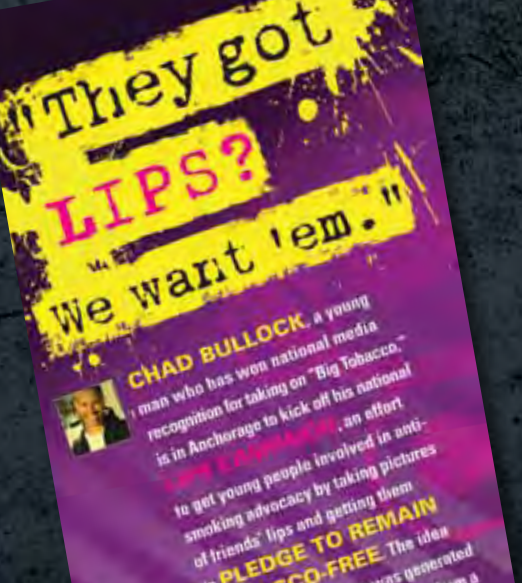
*"As an organization, THRHA has committed to our residents that we would provide safe housing for all Southeast Alaskans. In order to follow through with this promise, it was crucial that we made the choice to go smoke-free in our housing. Our resident feedback has been in strong support of this decision."*

— Anne Weske, Tlingit-Haida Regional Housing Authority

*"We've asked ourselves, why didn't we do this sooner? It's not as scary as people think. The three reasons we went smoke-free were economics, safety and health."*

— Patty Paulus, Aleutian Housing Authority





# YOUTH ACCESS

Youth campaign calls on kids to rebel against tobacco industry manipulation.

## Where it Starts

Virtually all new users of tobacco products are children. Almost 90 percent of all smokers today started before the age of 19, with the average age of initiation at age 15. Adults don't start smoking — kids do.<sup>1</sup>

The tobacco industry has known this for decades, and they began long ago engaging in a stealth campaign to market their products to children.

*"The package design should be geared to attract the youthful eye ... not the ever-watchful eye of the Federal Government."*

— Letter from Lorillard advertising executive, 1970

It is no different today — in spite of the many efforts by federal, state and local laws put in place to curb this enticement to addiction. Tobacco companies continue to explore new marketing efforts that include candy shop flavors, stimulating youthful images and seductive packaging. New varieties of nicotine-laced smokeless tobacco products are designed to look like harmless candy and gum, relying on young people to think that since it's not a cigarette, it's healthier — especially if it tastes better and looks better.

At 16 percent, Alaska's youth tobacco use rate in 2009 was below the 20 percent national average.<sup>2</sup> The significant and sustained reductions in youth tobacco use since 1995 have been accomplished through effective, sustained and proven youth prevention strategies, including:

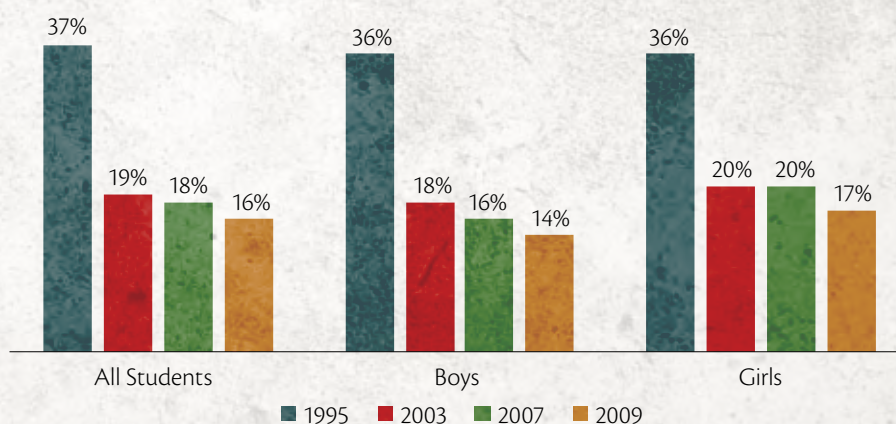
- ▶ **Increased prices (taxes):** Past Alaska tobacco tax increases are being augmented across the state by communities passing local tax measures. National health organizations and the tobacco industry both agree — this policy strategy is effective.
- ▶ **Local smokefree indoor air policies:** Changing public environments by eliminating smoking around others not only saves lives by reducing exposure to secondhand smoke, it also creates an effective deterrent for youth as they are faced with the decision to use or not use tobacco.
- ▶ **Statewide anti-tobacco media campaigns:** Young people are profoundly influenced by media. Research has shown they respond to truthful health messages about tobacco use and are better able to withstand

industry marketing manipulations with sustained support from creative, hard-hitting anti-tobacco media messages.

- ▶ **Sales enforcement activities:** Efforts that discourage vendors from illegally selling tobacco to youth have been successful in Alaska. Vendors' illegal sales to youth, at an all-time high of 36 percent in 2001, began to plummet when the state's effective enforcement program began in 2003. Alaska's FY2011 illegal sales rate is at 8 percent, well below the 20 percent threshold set by federal law.<sup>3</sup>
- ▶ **School-based programs:** Proven most effective in tandem with community programs, Alaska's school programs are linked with their community's prevention program and use district policy change along with education curricula for a comprehensive approach to improve results.

Section sources: <sup>1</sup>Campaign for Tobacco-Free Kids. (2009). *The Path to Smoking Addiction Starts at Very Young Ages* [Fact Sheet]. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf>; <sup>2</sup>Youth Risk Behavior Survey, 2009; <sup>3</sup>Alaska Synar Compliance Database, 1996-2011; <sup>4</sup>U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

Percentage of Alaskan High School Youth Who Smoke, by Gender, 1995-2009



Sources: Alaska Youth Risk Behavior Survey, 1995, 2003, 2007, & 2009



*“... Defendants have marketed and sold their lethal products with zeal, with deception, with a single-minded focus on their financial success, and without regard for the human tragedy or social costs that success exacted. Their continuing conduct misleads consumers in order to maximize ... revenues by recruiting new smokers (the majority of whom are under the age of 18) ...”*

—U.S. District Judge Gladys Kessler,  
Ruling against the tobacco industry in the  
Department of Justice Civil Lawsuit against  
cigarette manufacturers, August 2006

## Vendor Education and Enforcement

The State's Tobacco Enforcement Program has reduced youth access to tobacco products by working closely with communities and retailers across Alaska. The efforts of enforcement investigators ensure compliance with state and federal tobacco control laws prohibiting the sale and distribution of tobacco products to minors. Key program efforts include:

- ▶ **Education:** The enforcement program reaches out to tobacco store owners, clerks, tobacco distributors, community members and police officers. Trainings are offered to vendor employees, materials — related to state laws and retailer responsibility in enforcing youth access laws — are distributed, and assistance is provided to retailers in their efforts to reduce violations.
- ▶ **Partnering with communities:** The Alaska Tobacco Control Alliance and state program grantees provide additional community awareness and outreach — reinforcing at the local level the importance of compliance.

- ▶ **License checks:** Year-round visits to retailers by program staff ensure that state licenses to sell tobacco are in order.
- ▶ **Compliance checks:** During FY11, more than 500 compliance checks were conducted across Alaska resulting in a low violation rate of 7.9 percent. Under direct supervision of program investigators, purchase attempts are made by youth, who must honestly disclose their true age if questioned by retail staff. Retailers who violate the law face serious penalties, including fines and suspension of their authorization to sell tobacco as implemented under legislation passed in 2002 (see chart below).

## A Better Future for Children

If children can be dissuaded from smoking, they almost always lose interest by the time they reach 19, greatly reducing their chance of premature death.<sup>4</sup> Alaska is making progress and needs to sustain and increase its efforts to continue to counter tobacco industry manipulations that threaten to make our children its newest generation of nicotine-addicted victims.

## “They’d Be Out There Waiting for Us.”

Marie Evans of Massachusetts died of lung cancer in 2002 — more than 40 years after she was induced with free samples to smoke Newport cigarettes at the age of 9.

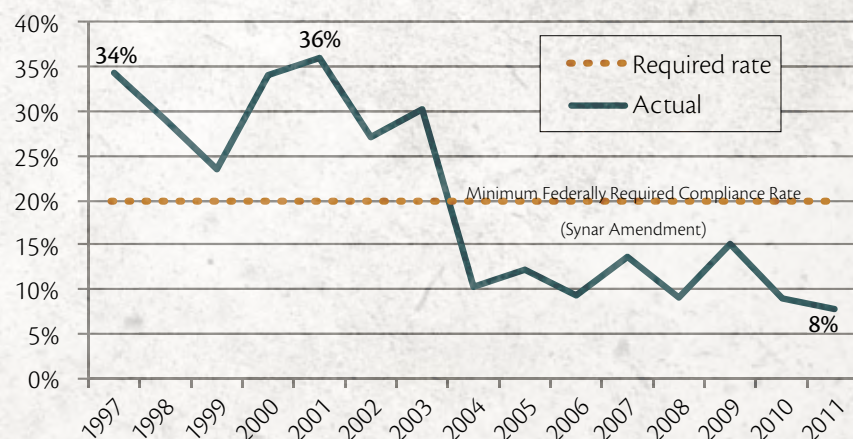
Recently her family won a groundbreaking lawsuit against Lorillard Inc. in a case that exposed an industry-wide marketing strategy that began a half-century ago to promote cigarettes to children.

“They’d be out there waiting for us,” said neighbor Leroy Jenkins, who, like Marie, received free Newport cigarette samples as a teenager after finishing classes for the day at his middle school. Another local resident remembers attractive young women in green outfits handing out cigarettes to people in a local park near the school.

Marie’s case was won based on the tobacco industry’s internal documents that exposed a misinformation campaign, and an effort to specifically market to kids.

In spite of such lawsuits, including the landmark 2006 RICO case in which the U. S. District Court found the tobacco industry guilty of deception for the sake of profits and at the expense of human health, the industry continues to develop, brand and sell addictive and deadly products that appeal to children.

Percentage of Alaska Vendors Found Selling Tobacco to Minors, 1997-2011



Sources: Alaska Synar Compliance Database, 1997-2011.



# SMOKELESS TOBACCO



Candy ... or addiction? It's hard for kids to know the difference.

## The "Harm Reduction" Myth

*"The scientific evidence is clear that use of smokeless tobacco is a gateway to cigarette use. Young people may be especially attracted to smokeless tobacco if they perceive it to be safer than cigarettes."*

*Studies show that more than one in five teenage males have used smokeless tobacco, with age 12 being the median age of first use. Surveys also show that more than two in five teenagers who use smokeless tobacco daily also smoke cigarettes at least weekly.*

*Finally, independent research and tobacco company documents show that youth are encouraged to experiment with low-nicotine starter products and subsequently graduate to higher-level nicotine brands or switch to cigarettes as their tolerance for nicotine increases."*

— Vice Admiral Richard H. Carmona, M.D., M.P.H., FACS  
U.S. Surgeon General, 2002-2006  
Testimony before the Subcommittee on Commerce, Trade, and Consumer Protection Committee on Energy and Commerce, United States House of Representatives, 2003

There is no safe tobacco product — including smokeless tobacco. The U.S. Surgeon General has been clear that smokeless tobacco represents a significant health risk, can cause cancers and other diseases, contains nicotine and is highly addictive.

With disregard for these health concerns, the top two cigarette manufacturers — in order to shore up their tobacco sales market share in light of the national trend toward smokefree environments — have purchased smokeless tobacco manufacturing companies. They are reinventing smokeless tobacco with product design and packaging that will attract and addict kids and keep smokers addicted to their products. According to Federal Trade Commission data, expenses to market smokeless tobacco increased by 53 percent between 2004 and 2006.<sup>1</sup>

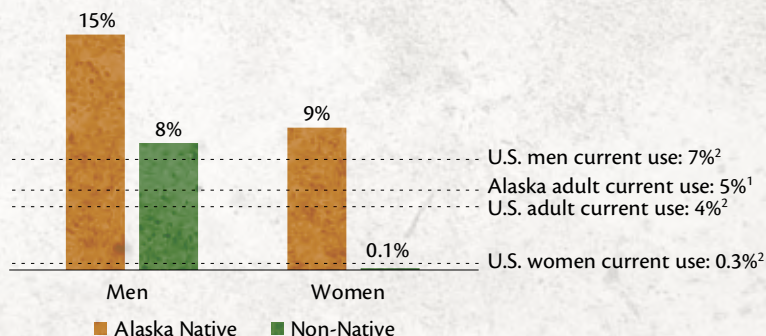
Although Alaska's overall adult smokeless tobacco use rates have remained steady, there are some alarming patterns — smokeless use rates for Alaska Native high school girls are drastically higher than non-Native groups in Alaska, and the dual use of cigarettes and smokeless tobacco among adult males doubled between 1996 and 2009.

In 2010, the State TPC program began research in preparation for development of strategies to counter industry marketing efforts and reverse current smokeless tobacco use trends. In addition, with support from the state, the Alaska Tobacco Control Alliance Smokeless Tobacco workgroup began educating the public through their website, preparing information on the positive impact on public health from policies that increase smokeless tobacco prices, and engaging national experts on smokeless tobacco for consultation and training.

## Adult Smokeless Tobacco Use

Overall adult smokeless tobacco use in Alaska remains unchanged since 2004. Smokeless tobacco use rates have also remained stagnant for Alaska Native men (15 percent) and Alaska Native women (9 percent). Alaska's overall adult use rates are above the national average of 4 percent (see graph below); however, the Alaska non-Native adult use rate (4 percent) mirrors that national average.

Adult Smokeless Tobacco Use Rates by Sex and Race, Alaska 2006-2008 Combined



Sources: <sup>1</sup>Alaska Behavior Risk Factor Surveillance Survey, 2006-2008 (Standard and Supplemental Surveys combined); <sup>2</sup>SAMSHA, Office of Applied Studies, National Survey on Drug Use and Health, 2008.



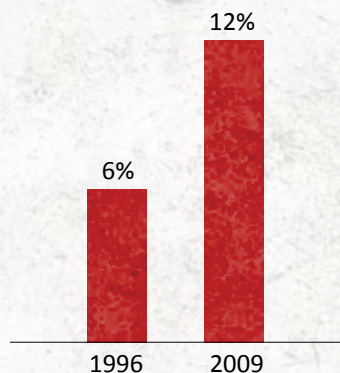
*"First, let me emphasize this: I cannot conclude that the use of any tobacco product is a safer alternative to smoking. This message is especially important to communicate to young people, who may perceive smokeless tobacco as a safe form of tobacco use. Smokeless tobacco is not a safe alternative to cigarettes. Smokeless tobacco does cause cancer."*

—Vice Admiral Richard H. Carmona, M.D.,  
M.P.H., FACS U.S. Surgeon General, 2002-2006

## Alarming New Trend

A concerning new trend being observed is an increase in the dual use of cigarettes and smokeless tobacco among men. Among Alaska men who smoke, smokeless use has increased from 6 percent in 1996 to 12 percent in 2009 (see graph below).

**Smokeless Tobacco Use Rates Among Current Male Smokers, Alaska 1996 & 2009**



Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2009 (Standard and Supplemental Surveys combined)

## Youth Smokeless Tobacco Use

Using combined data from the 2007 and 2009 Alaska Youth Risk Behavior Surveys (YRBS), youth smokeless use rates are seen to exceed the national average for high school girls and a clear disparity is demonstrated between Alaska's non-Native and Native high school students (see Youth Smokeless Rates by Sex and Race/Ethnicity, below).

Smokeless tobacco use among Alaska Native high school boys is 22 percent compared to the U.S. rate of 15 percent.

Alaska Native high school girls are much more likely to use smokeless tobacco (17 percent) than U.S. high school girls (2 percent) or non-Native Alaskan girls (3 percent).

At this level of smokeless tobacco use, Alaska Native youth are carrying a significantly higher burden of risk for addiction, disease and death than their non-Native peers.

Section sources: <sup>1</sup>Campaign for Tobacco-Free Kids. (2010, December 20). *R.J. Reynolds Pulls Dissolvable Smokeless Products from Test Markets; Company Must Stop Pushing Tobacco Products that Entice Kids* [Press Release]. Retrieved from [http://www.tobaccofreekids.org/press\\_releases/post/id\\_1309](http://www.tobaccofreekids.org/press_releases/post/id_1309); <sup>2</sup>Severson, H. *Smokeless Tobacco: A Deadly Addiction*. Waco, TX: Health Edco; 1997.

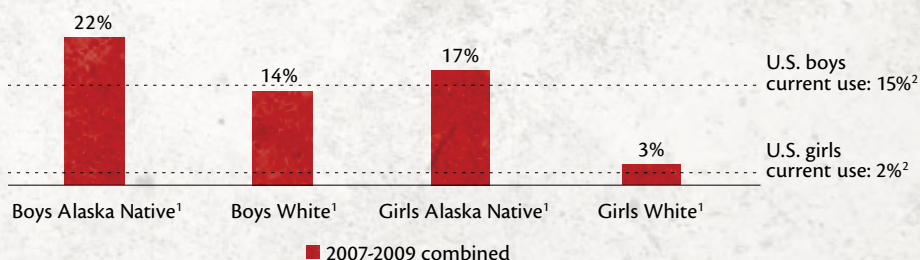
## Smokeless Tobacco — Unsafe in any Form

Smokeless tobacco — tobacco products not smoked by the user — comes in a variety of styles and is known by different names: snuff, chew, spit, dip, and now the new products — dissolvables in the form of lozenges, pellets and thin film strips similar to breath fresheners, among others.

They all contain nicotine, are highly addictive and contain 28 carcinogens, including formaldehyde, arsenic, cadmium and radioactive polonium-210 along with high levels of tobacco specific nitrosamines — the most toxic carcinogen in tobacco products.<sup>2</sup>

A smokeless user can expect bad breath, stained teeth, bone loss and receding gums. There is an increased risk of oral cancer — cancer of the lip, tongue, cheek, roof and even the larynx. Smokeless tobacco increases the risk of stomach and pancreatic cancer as well as heart disease and high blood pressure.<sup>2</sup>

**Youth Smokeless Tobacco Use Rates by Sex and Race/Ethnicity, Alaska 2007-2009 combined**



Sources: <sup>1</sup>Alaska Youth Risk Behavior Survey, 2007-2009 combined; <sup>2</sup>U.S. Youth Risk Behavior Survey, 2009.



# COST VS. INVESTMENTS

## Medical Cost Containment — Return on Investment

*"States that establish comprehensive statewide tobacco-prevention programs should do at least as well, in terms of cost savings, as California and Massachusetts have in the past, and could do even better. ... By matching or exceeding the CDC guidelines, and maintaining those funding levels over time, other states should secure even larger per-capita savings."*

- ▶ California's tobacco control program's reductions to adult smoking in its first seven years produced healthcare costs savings of \$390 million just through the related declines in smoking-caused heart attacks and strokes, with more than \$25 million of those savings appearing in the first two years.
- ▶ A Massachusetts Institute of Technology report found that state's program was annually reducing smoking-caused health care costs by at least two dollars for every dollar it invested in comprehensive tobacco prevention efforts."

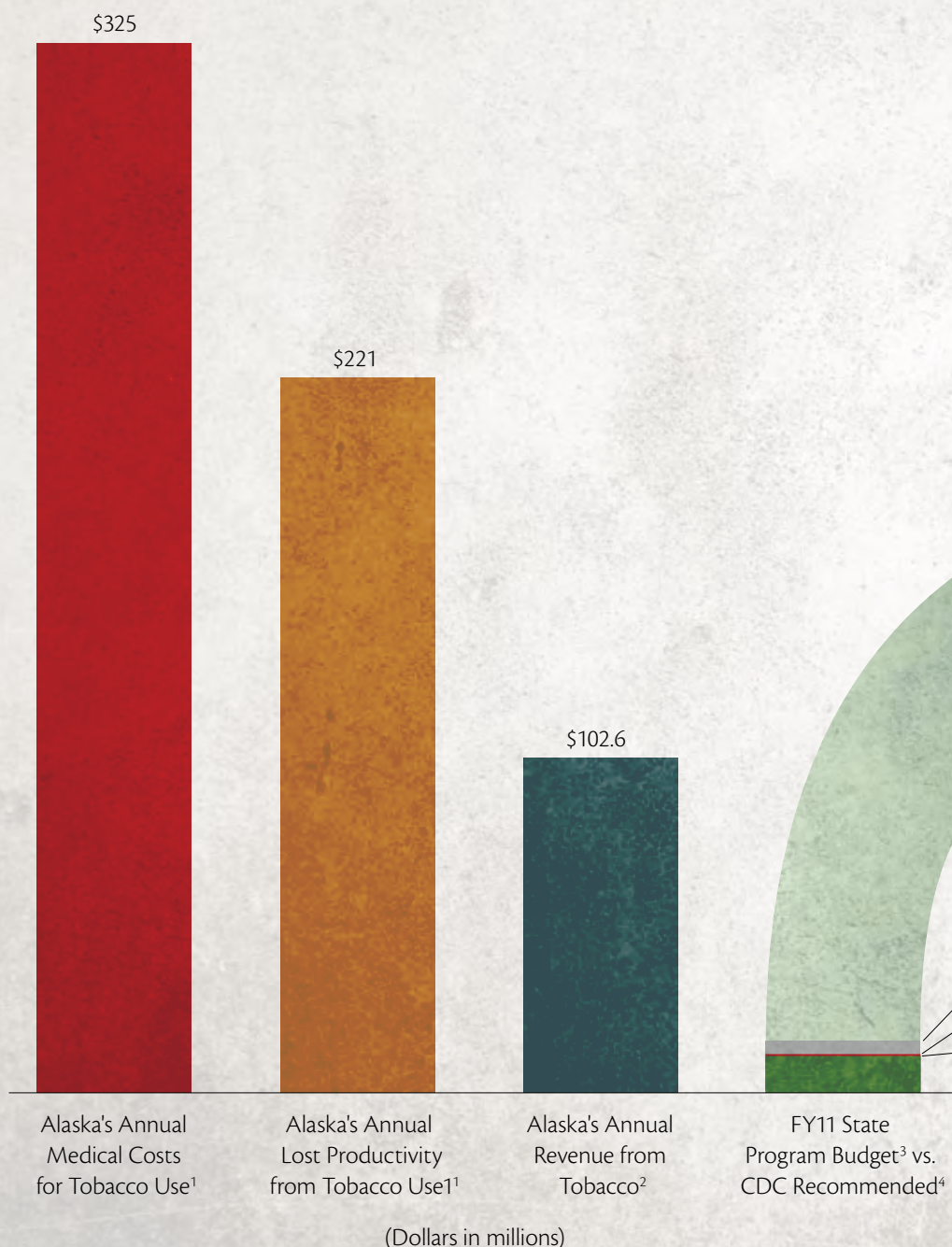
— Campaign for Tobacco-Free Kids  
Comprehensive State Tobacco  
Prevention Programs Save Money, 2005

## State Tax Per Pack vs. Smoking-caused Cost Per Pack



Source: Campaign for Tobacco-Free Kids. (2011).  
The Toll of Tobacco in Alaska [Fact Sheet].  
Retrieved from [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/alaska](http://www.tobaccofreekids.org/facts_issues/toll_us/alaska)

## Cost of Tobacco Use Tobacco-Derived Revenue & Investment in Tobacco Prevention





*"The purpose of the Tobacco Use Education and Cessation Fund is to provide a source to finance the comprehensive smoking education, tobacco use prevention, and tobacco control program ... "*  
(AS 37.05.580)

— HCS SB 1001 (FIN) am H, (enacted June 2004), The Tobacco Use Education and Cessation Fund was created to receive a small portion of the state's tobacco-derived funds annually, which are then available for appropriation to support tobacco prevention efforts.

Alaska's Tobacco Prevention and Control Program funding is strategically directed to incorporate program elements informed and guided by the CDC *Best Practices for Comprehensive Tobacco Control Programs*, 2007. Additional direction comes from ongoing program evaluation to ensure the most effective efforts are in place to reduce the high costs of tobacco use in Alaska — including annual direct medical costs of \$325 million and lost productivity totaling \$ 221 million — that drain our resources and destroy lives.

Currently Alaska's high adult tobacco use prevalence is among the worst in the

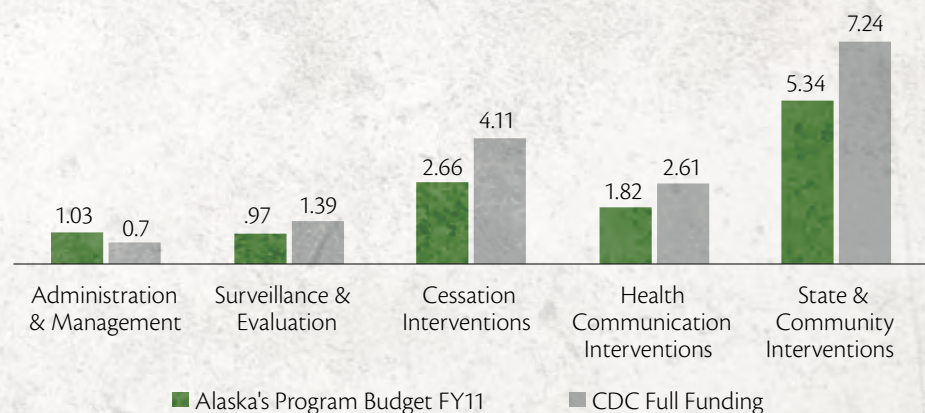
nation.<sup>1</sup> This addiction is laying waste to too many lives and robbing our economic vitality. Alaska's sustained investment over the past 10 years has brought about significant improvement, demonstrating that best practice efforts do work, and promising greater success with continued funding within CDC's guidelines.

In FY11, Alaska received revenues of \$102.6 million from tobacco sources. Out of that, appropriations to tobacco prevention and cessation efforts came to \$10.10 million, supplemented by CDC grants of \$1.72 million.

CDC guidelines recommend that Alaska invest \$16 million to engage a fully funded and comprehensive tobacco prevention and cessation effort, with a base target of \$11.4 million per year (\$16.11 per capita based on April 2010 Alaska population of 710,231).

Source: <sup>1</sup>Campaign for Tobacco-Free Kids. (2011). *Key State-Specific Tobacco-Related Data & Rankings* [Fact Sheet]. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>

Alaska Tobacco Prevention and Control Program Budget FY11



- 16.05 CDC Full Funding
- 11.4 CDC Base Target Funding
- 11.82 FY11 State Program

Sources for Revenue and Budget:

1. SAMMEC 2004 smoking-attributable expenditures updated with 2008 medical consumer price index (CPI).
2. Annual Revenue equals FY11 taxes on tobacco products of \$73.1 million, plus Master Settlement payments of \$29.5 million (Revenue Sources Book, Fall 2011).
3. FY11 Tobacco Use Education and Cessation Fund appropriation of \$10.10 million plus FY11 CDC grants of \$ 1.72 million.
4. Comprehensive program budget of \$16.5 million and base target program budget of \$11.4 million (\$16.11 per capita) recommended for Alaska by the CDC, based on *Best Practices for Comprehensive Tobacco Control Programs* 2007.



# COUNTERMARKETING



“Great for Business” testimonial ad — popular Fairbanks restaurant owner realizes success going smokefree.

## Countering Industry Efforts

In this battle to save lives and prevent Alaska’s kids from an addiction scientists now say is akin to, if not more addicting than, cocaine or heroin<sup>1</sup> — we are up against competition that is profoundly manipulative, financially robust and single-mindedly focused on financial success, which requires the addiction of children.

*“We have been asked by our client to come up with a package design ... a design that is attractive to kids ...”*

— Letter from Lorillard advertising executive, 1970

Studies have shown that kids are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure.<sup>2</sup> One-third of underage experimentation with smoking is attributable to tobacco company advertising. Tobacco prevention and control programs must sustain media that can counter industry marketing and help create an environment in which tobacco users find support to quit and young people can more easily reject products of addiction.

Sustained mass media campaigns that tell the truth about the devastating effects of tobacco use and secondhand smoke exposure are a highly effective tool in preventing young people from taking up tobacco use, helping those addicted to quit, and educating communities and policymakers about the need to protect Alaskans from exposure to secondhand smoke.

## Return on Investment

The U.S. Strategic Action Plan, “*Ending the Tobacco Epidemic*” notes that countermarketing campaigns have demonstrated their value in terms of positive economic impact — citing the national American Legacy Foundation’s *truth* campaign of 2000 - 2004 that resulted in approximately 450,000 fewer adolescents initiating smoking in the United States. “During 2000-2002, the truth campaign spent \$324 million ... A cost-utility analysis found that the campaign recouped its costs and that just under \$1.9 billion in medical costs were averted for society over the lifetimes of the youth who did not become smokers.”

## Turning up the Volume

Since FY 2000, Alaska’s tobacco prevention and control program has produced targeted annual mass media campaigns — using TV, radio and print ads to deliver anti-tobacco messages across the state, countering the impact of tobacco industry marketing.

Beginning in FY10 the media program introduced new features within its campaigns.

### You Can Quit — We’re Here to Help

There was an increase in the variety and presence of messaging, including expanded Quit Line promotions that:

- ▶ Resonate with and provide new resources for health care providers across the state as they encourage and support Alaskans who want to quit,

- ▶ Provide a consistent referral and information delivery tool with a new website for Alaska’s Tobacco Quit Line,
- ▶ Offer a unique and unexpected quitting reminder for Alaska’s travelers at a smoking pit stop at the Anchorage International Airport, and
- ▶ Reach out to Alaskans online as they engage in internet communication. The latest Quit Line ads will pop up as Alaskans research Google about health issues such as lung cancer or heart disease, on Facebook as they chat with friends, and on the Anchorage Daily News website as they browse the latest news.

## Kids Can Fight Big Tobacco

Alaska’s kids were engaged with an innovative youth program featuring award-winning national youth advocate Chad Bullock, who as a teenager was successful in getting the Durham Bull’s baseball stadium, in the heart of tobacco country, to go smokefree. The “Lips Campaign” as it came to be known, was motivated by a quote from a major tobacco company representative who, when asked the age of the kids they were targeting, replied, “They got lips? We want ‘em”. The campaign captured the imagination of young people at the Alaska Federation of Natives Elders and Youth Conference and the Alaska Association of School Governments workshops and was integrated into youth prevention programs across the state.



Chad Bullock, creator of the youth media “Lips” campaign, receives national award.



***"Tobacco use prevalence declines when adequately funded mass-media countermarketing campaigns are combined with other strategies in multicomponent tobacco control programs."***

**— U.S. Department of Health and Human Services Tobacco Control Strategic Action Plan, "Ending the Tobacco Epidemic," 2010**

## Good for Health. Great for Business

Smokefree air saves lives and saves money. Research has shown, time and again, that across the country businesses in states with smokefree workplace laws experience no negative economic impact, and often are rewarded with increased business from customers that previously avoided smoke-filled environments.

In the "Good for Health. Great for Business" campaign, the message came from Alaska businesses in communities where smokefree workplace laws were in effect, and from those that made the decision on their own to protect the health of their employees and patrons and found it had a positive impact on business.

## "No One Can Make Me Quit But Me"

Alaska's media program turned to Washington State's award-winning campaign to support the 71 percent of adult tobacco users who want to quit with strong messages to urge them toward cessation. "Dear Me" ads come from the perspective of real tobacco users in the ads who want to quit and are ready to try because they've realized the actual loss of control they're experiencing with smoking.

This campaign resonated profoundly with smokers who participated in focus group testing prior to finalizing the campaign. They described "Dear Me" as "real," "accurate," and "respectful." Most significantly, respondents began to mentally compose letters to themselves.

Section sources: <sup>1</sup>Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2011). Smoking Cessation [Fact Sheet]. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/cessation/quitting/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm); <sup>2</sup>Campaign for Tobacco-Free Kids. (2011). Tobacco Company Marketing to Kids [Fact Sheet]. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0008.pdf>.

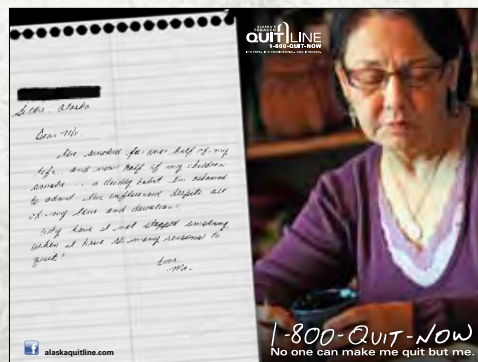
## 2010 Radio Mercury Awards Winners Announced

New York, NY — September 28, 2010 — Winners for the 2010 Radio Mercury Awards were announced this evening at its annual awards reception at the NASDAQ MarketSite as part of the kick off of Advertising Week. ***In an unexpected turn and a first in the history of the awards, the Final Round Judges decided to split the Grand Prize between two spots, including***

***"Dear Me"***  
***produced by the Washington State Department of Health***



The start of Alaska's campaign initially featured Washington residents. A number of ads featuring Alaskans, including the ones on this page, were then produced and aired.



## "Dear Me ..." Bradley Ad



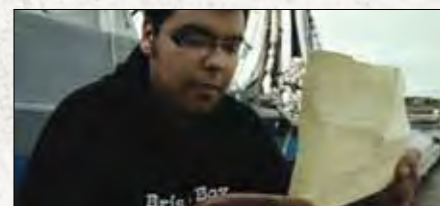
"You started smoking when you were 13 because you thought it was cool."



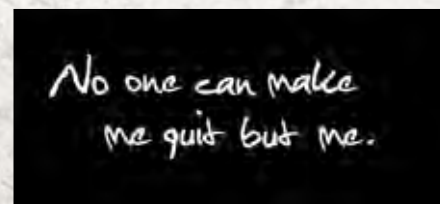
"Look at you now ... No matter how hard you work, you can't afford them – physically or financially – how cool is that?"



"You have a beautiful 4-year-old little brother who sees you do it – and even imitates you. Think of the example you are setting."



"Let this disgusting habit stop with you. My name is Bradley, and ..."







# HELPING PEOPLE QUIT

According to the CDC, programs that increase quitting tobacco use can decrease premature death and tobacco-related health care costs in the short term. Quitting by age 30 eliminates nearly all excess risk associated with smoking. Smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.<sup>1</sup>

Alaska is making progress in motivating tobacco users to quit — and helping them stay quit. The majority of Alaskan adult smokers — 71 percent — want to quit. The number of Alaskans who made a quit attempt in the last 12 months increased to 62 percent, compared to 45 percent in 1996. There are fewer daily smokers — only 13 percent compared to 22 percent in 1996. Among those who ever smoked, there are more former smokers — nearly 60 percent, up from 49 percent. Among all adults, 54 percent were never smokers, compared to 46 percent in 1996 (see graph below).

It is never too late to quit, and quitting earlier improves health outcomes over a lifetime. One year after quitting, the risk of coronary heart disease is decreased to half that of a current smoker and at 15 years the risk is similar to those who never smoked.<sup>1</sup>

Quitting also saves money for the tobacco user and the employer in sustained productivity and averted healthcare costs. For the state there are significant cost savings in averted Medicaid expenditures.

*"In an average-sized state, a one percentage point decline in adult smoking means that more than 20,000 adults have quit smoking, which translates into savings over their lifetimes of more than a quarter of a billion dollars in reduced smoking-caused health care costs. Long-term savings ... also directly reduce state Medicaid program expenditures."*

— Campaign for Tobacco Free Kids  
Comprehensive State Tobacco Prevention Programs Save Money, 2005

Quitting is not easy. Cigarettes have become a more potent and efficient nicotine delivery system, with nearly 12 percent more nicotine than was present in 1997 (see chart, Average Nicotine Yields Per Cigarette, page i). Smokeless tobacco products — Snus, Orbs and Strips — are being falsely marketed as safer and an option when smoking isn't possible, enticing tobacco users to delay quitting.

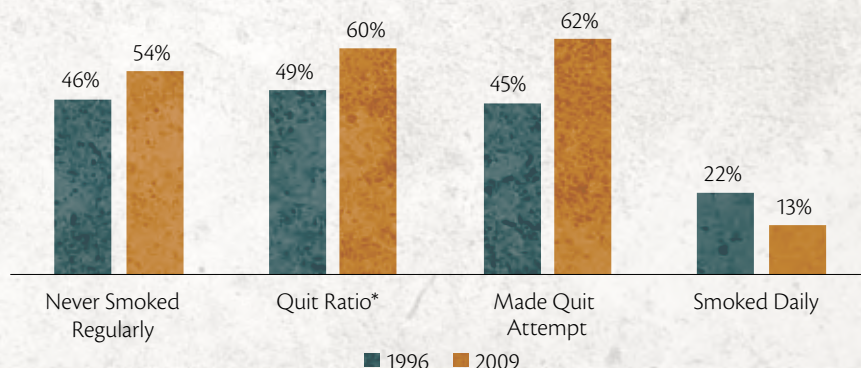
To effectively assist those who want to quit, Alaska's cessation support system follows

Patients are more motivated to quit when encouraged by their healthcare providers. The Alaska Tobacco Quit Line program offers providers easy-to-access online training.

## Satisfied Consumers: Alaska's Tobacco Quit Line Callers

- ▶ *"Your program is really good. You don't know how many times I have tried to quit smoking in the past, but as soon as I called your program it started helping me. Don't get me wrong, it wasn't that easy at first, but I've been quit almost 4 months now and it's because your program really helped me. Thank you!"*
- ▶ *"I'm really glad this program exists. Getting a call once in a while really helped me! I didn't want to say I failed, so it really helped keeping me quit! I am a non-smoker now!"*
- ▶ *"All of you with this program are so kind. You're nonjudgmental and that is what REALLY makes a difference. Last Friday I was ashamed to call because I had failed. The guy I spoke with told me that it took him 5 tries to quit and knowing that really made me feel better. Thanks so much."*

Progress in Cessation Indicators, Alaska 1996 & 2009



\* Proportion of former smokers among ever smokers

Sources: Alaska Behavioral Risk Factor Surveillance System, 1996 (Standard Survey), 2009 (Standard and Supplemental Surveys combined)



*"Tobacco use screening and brief intervention by clinicians not only is a top-ranked clinical preventive service ... but also is a cost-saving measure. Tobacco use treatment is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, Pap tests, treatment of mild to moderate hypertension, and treatment of high cholesterol."*

—Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

CDC recommendations and provides quitline services, supports regional health care systems in developing screening and treatment systems for tobacco users, and provides media and online resources to assist tobacco users in accessing cessation services.

## Alaska's Tobacco Quit Line

Alaska's Tobacco Quit Line, launched in 2002, is a toll-free telephone-based cessation program that provides free coaching; self-guided quit materials; and nicotine replacement patches, gum or lozenges to all Alaska adults who want to quit tobacco. During FY10 and FY11, more than 6,500 Alaskans called the Quit Line for assistance in quitting tobacco.

Professional quit coaches, specially trained to serve Alaska and Alaska Native callers, assess the caller's readiness to quit, help them determine a quit date and develop a quit plan. Continued support includes print materials and pro-active follow-up phone calls. Pregnant women receive additional coaching in quitting and staying quit during pregnancy and after their baby is born.



Promoting Alaska's Tobacco Quit Line website at the Anchorage International Airport outdoor smoking area.

## Cessation Interventions Program

This program's long-term goal is to promote quitting tobacco in adults and youth by developing and implementing sustainable, comprehensive systems for addressing tobacco use in the health care system. In FY10-11, nine grantees across Alaska received funding for tobacco cessation interventions:

- ▶ Alaska Island Community Services (Wrangell)
- ▶ Bartlett Regional Hospital (Juneau)
- ▶ Bristol Bay Area Health Corporation
- ▶ Kenaitze Indian Tribe (Kenai Peninsula)
- ▶ Kodiak Area Native Association
- ▶ Maniilaq Association (Kotzebue)
- ▶ Southcentral Foundation
- ▶ Southeast Alaska Regional Health Consortium
- ▶ Tanana Chiefs Conference (Interior)

Following CDC-recommended best practices, grantees developed systems to support asking and advising clients about tobacco use, then referring them to cessation services, such as Alaska's Tobacco Quit Line. In addition, grantees worked to enhance the ability of health care centers to draw on private insurance and Medicaid coverage for nicotine dependence treatment.

Further objectives for this program included the development and implementation of interventions designed to institutionalize a comprehensive, sustained, system-wide protocol for the ongoing education, screening and referral of all patients, by all providers, to all available tobacco cessation services.

Section source: "U.S. Department of Health and Human Services. *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

## Online Provider Training

Ad for AkBriefIntervention.org, a CME-accredited online training course available free to Alaska's health care providers.

Health care providers play an important role in helping patients and clients quit tobacco by connecting them with cessation resources. The Tobacco Prevention and Control Program provides

- ▶ Comprehensive information on how to counsel patients to quit using tobacco,
- ▶ Information on Alaska's Tobacco Quit Line Fax Referral Program, and
- ▶ Tools for clinics, health systems and organizations interested in addressing tobacco use.

The Tobacco Prevention and Control program has launched a FREE online training that is CME-accredited to assist providers in understanding the importance of the brief tobacco interventions to ultimately improve the health of all Alaskans.

Visit [www.alaskaquitline.com/health-professionals](http://www.alaskaquitline.com/health-professionals) for more information.



# COMMUNITY-BASED PROGRAMS

Community and school-based tobacco prevention programs educate Alaskans at the local level about the harmful effects of tobacco use and exposure to secondhand smoke, and promote tobacco cessation opportunities. Numerous community partners are also engaged in the effort at the local level, creating a network of tobacco prevention program participants across the state.

During FY10 and FY11, 10 districts received school grants and 21 communities received prevention grants.

## Community Programs



Airport Pizza, Nome — Smokefree and Proud.

Community prevention grants engage programs that are proven most effective in reducing the health harms of tobacco use. They include:

- ▶ Smokefree workplace policy
- ▶ Smokefree substance abuse treatment center policies
- ▶ Tobacco price increases as a deterrent to youth tobacco use and motivation for adult cessation
- ▶ Voluntary smokefree multi-unit housing policies
- ▶ Localized media and events that support the program goals

## Community Program Highlights

Highlights demonstrating grant program successes for FY10 and FY11 include:

- ▶ The Klawock IRA Tribal Council passed and implemented a seven percent tax

increase on all tobacco products sold at the tribal shop.

- ▶ An increase in Anchorage's tobacco tax of \$.75 per cigarette pack was passed by the Anchorage Municipal Assembly.
- ▶ Smokefree workplace policies were adopted by Haines, Skagway, Petersburg, Unalaska and Nome.
- ▶ The village of Atka, one of the smallest and furthestmost communities on the Aleutians, passed a tribal smokefree ordinance that bans smoking in public places and within 50 feet from doors, windows or any ventilation outlets.
- ▶ Smokefree workplace policies were strengthened to protect all workers in Juneau.
- ▶ The Sitka community prevention and school grant programs collaborated to help the Sheldon Jackson/Sitka Fine Arts Campus go tobacco-free. This policy impacts numerous community organizations, including the Sheldon Jackson Child Care Center, the Sheldon Jackson Museum, Youth Advocates of Sitka, Hames Center, and the Sitka Summer Music Festival offices.
- ▶ The Kenai Peninsula smokefree coalition supported passage of the Kenaitze Indian Tribe smokefree campus policy.
- ▶ Smokefree business policies increased in several communities: all restaurants in Kodiak are now smokefree; the number of smokefree restaurants and bars in Kenai and Soldotna increased to more than 30; Seward smokefree businesses increased and now include some bars and restaurants.
- ▶ The Cook Inlet Housing Authority adopted a smokefree housing policy for all properties.
- ▶ In Southeast, the Tlingit—Haida Regional Housing Authority and the Crow Hills Condo Association adopted smokefree multi-unit housing policies.

## School Programs

The school programs are located in districts served by the prevention grants, allowing for a synergy of efforts that promotes greater program effectiveness. In some communities the school is one of the largest employers and tobacco-free schools set a strong community example for tobacco-free workplace policy.

School program grants support school districts in building comprehensive school tobacco prevention programs that include policy, outreach to communities and prevention curricula. School programs bring another player — district personnel — to the community tobacco prevention effort. Districts work on strengthening tobacco-free school policies and conduct both school health assessments and a local Youth Risk Behavior Survey.

## School Program Highlights

- ▶ Comprehensive tobacco-free campus policies were adopted by Mat-Su Borough School District and the Wrangell School District.
- ▶ The Mat-Su School District is the borough's 2nd largest employer, and their policy impacts almost 17,000 students, 2,200 staff and numerous families, community members and visitors to Mat-Su schools.



Sitka School District — Great American Smokeout.

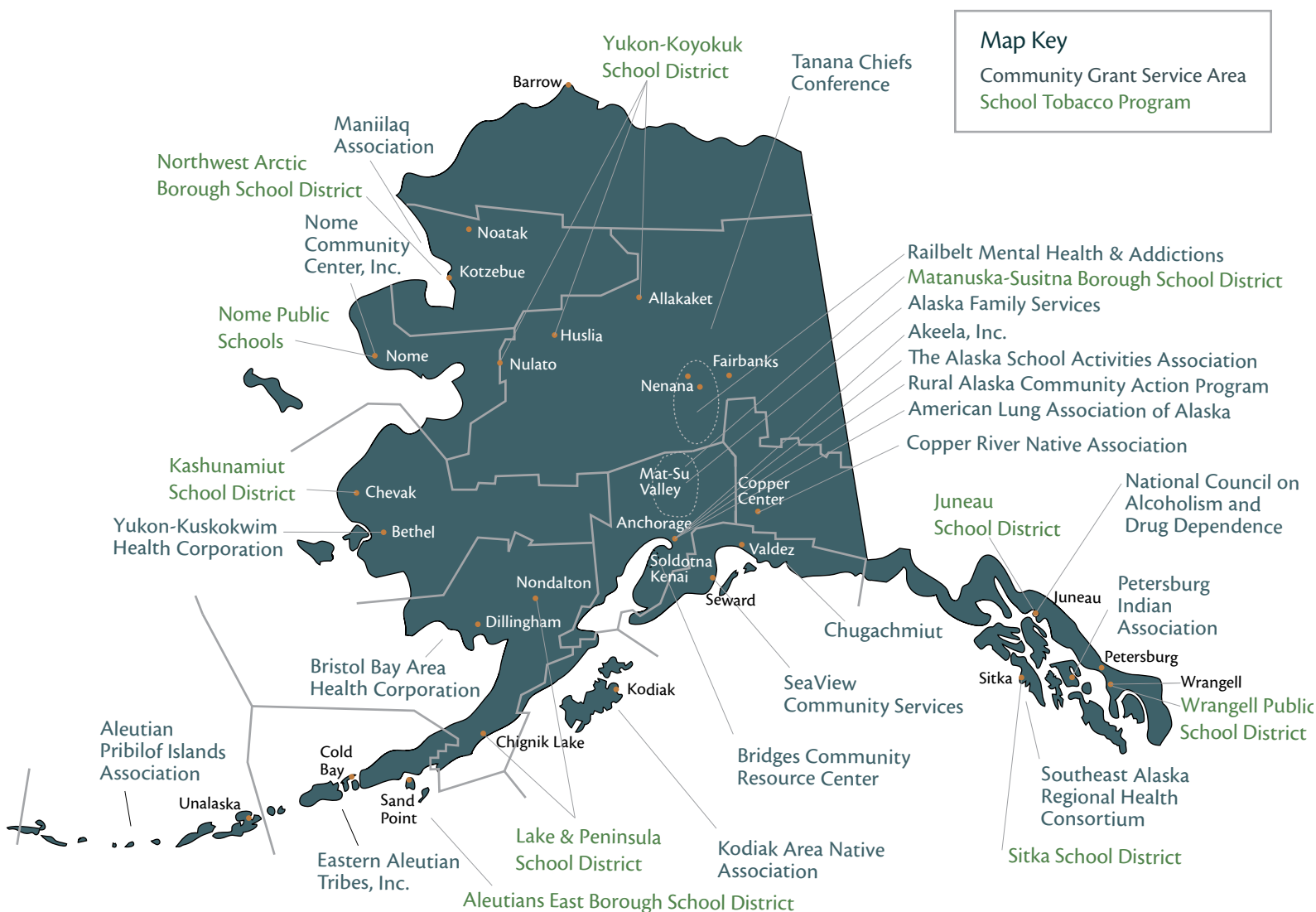
- ▶ Joining momentum with other districts across the state, Wrangell's policy now prohibits use of all tobacco products by students, staff and visitors on all school property, including grounds, buildings,



“... research has demonstrated the importance of community support and involvement at the grassroots level in implementing ... highly effective policy interventions, such as increasing the price of tobacco and creating smokefree environments.”

—Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

## Community & School Grantees



parking areas, school vehicles, and at any school-sponsored event, on or off campus.

- ▶ Lake and Peninsula School District expanded prevention curricula to all 14 villages.
- ▶ Yukon-Koyukuk School District's weekly prevention activities served Allakaket, Nulato and Huslia — sites chosen for having the highest tobacco use in the district.

## Leadership for Eliminating Alaskan Disparities (LEAD) Workgroup

The LEAD statewide workgroup — convened in 2006 by the TPC program — is now more than 200 members strong. It represents and advocates for populations disparately impacted by tobacco use, focusing on a vision of equal opportunity for good health, freedom from tobacco use and its consequences and improved

quality of life. The workgroup's 2010 update of the Alaska Strategic Plan for Eliminating Tobacco-Related Disparities includes detailed strategies and action steps to reduce disparities among four population groups with the highest tobacco use prevalence rates: Alaska Native adults, people of low socioeconomic status, young adults aged 18-29, and individuals who struggle with substance abuse and mental health concerns. Strategies outlined in the updated plan are rooted in best practice, compliment the work of all TPC program components, and are grassroots driven.



# MEASURING OUTCOMES

## Return on Investment — Case Studies

Studies evaluating the economic impact of tobacco prevention and control programs point to significant medical cost containment resulting from tobacco prevention policies:

### Alaska

Alaska's sustained Tobacco Prevention and Control Program achieved a 21 percent reduction in adult tobacco use between 1996 and 2007, translating into 7,800 fewer tobacco-related deaths and a \$290 million savings in future health care costs. By 2009 only 16 percent of high school youth smoked, representing a decrease of more than 50 percent since 1995 (37 percent) – an achievement that translates into 1,944 fewer tobacco-related deaths and a savings of \$34 million in future health care costs.<sup>1</sup>

### Jefferson County, Texas

The Texas legislature funded pilot projects to reduce tobacco use in selected areas of the state, with the most intensive activities organized in Jefferson County from 2000 to 2005. A recent analysis showed a statistically significant relative decrease in the reported prevalence of adult cigarette smoking – from 22 percent to 16 percent, compared to the remainder of the state from 19 percent to 17 percent. Accompanying this drop in prevalence was a dramatic and accelerating reduction in hospitalizations for acute myocardial infarction.<sup>2</sup>

### Arizona

In its first 9 years, the Arizona tobacco control program saved approximately \$2.3 billion in healthcare costs, 10 times what the program cost, according to preeminent tobacco program researchers Stanton Glantz and James Lightwood, UCSF. In the first 13 months following implementation of the Arizona statewide smokefree indoor air law, the law was associated with savings of \$16.8 million in avoided hospitalization costs, with drops in hospital admissions for not only heart attack, but also for angina, stroke and asthma.<sup>3</sup>

Measuring program outcomes is an essential part of the tobacco prevention and control program. Data collection (surveillance) and evaluation activities are conducted in order to monitor progress and improve the program. Progress toward program goals is measured through the collection and analysis of population-based data on tobacco use. Data come from numerous sources, including:

- ▶ The Behavioral Risk Factor Surveillance System (BRFSS)
- ▶ The Youth Risk Behavior Survey (YRBS)
- ▶ The Pregnancy Risk Assessment Monitoring System (PRAMS)
- ▶ The Alaska Bureau of Vital Statistics
- ▶ The Alaska Department of Revenue
- ▶ The Centers for Disease Control and Prevention's Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) System
- ▶ Media Awareness and Recall Surveys

Key facts are summarized and released in reports such as *Tobacco in the Greatland*, *Alaska Tobacco Facts* and the *Tobacco Prevention and Control Program Annual Report*.

Special studies and projects are also undertaken to generate detailed information about tobacco use patterns within specific population groups and to assess the effectiveness of program components. Current projects include:

- ▶ A survey of tobacco users around aids and barriers to tobacco cessation
- ▶ An examination of patterns of dual use of smokeless and smoked tobacco products
- ▶ An update of *Tobacco in the Greatland*, a comprehensive compendium of Alaska tobacco-related data

- ▶ Follow-up surveys of Alaska Tobacco Quit Line callers to gauge satisfaction and effectiveness
- ▶ Ongoing monitoring of community, school and health center grant programs

Surveillance and evaluation work is conducted by state program evaluation staff and through a contract with Program Design and Evaluation Services (PDES). PDES staff members are nationally recognized experts in tobacco prevention and control evaluation and provide technical and analytic consultation to the program.

## Special Projects:

Solving the puzzle — how to improve effectiveness with priority populations

The Alaska TPC is examining the reach and impact of the program in all Alaska communities, with special attention to Alaska Native and rural communities. Some of the issues, and special projects to address them, are:

- ▶ **What are social norms around tobacco in Alaska villages, and how do social norms change?** Identify opportunities for action and gaps in knowledge about implementing best practices in Alaska Native and rural communities.
- ▶ **What does successful community-level work to change social norms look like?** Review and document the story of what happened in a few communities that successfully implemented social sector policy or systems change in rural Alaska. Identify “tipping points” that get community leaders energized about policy or norms changes.

Section sources: <sup>1</sup>Campaign for Tobacco-Free Kids, Estimating State Cost Savings Based on Existing or Projected Smoking Decline Data, 2008; Alaska Youth Risk Behavior Survey 1995, 2009; Alaska 2000 population for 14-17 year olds; <sup>2</sup>McAlister AL, Huang P, Ramirez AG, Harrist RB, Fonseca VP. *Reductions in cigarette smoking and acute myocardial infarction mortality in Jefferson County, Texas*. *Am J Public Health*. 2010;100(12):2391-2; <sup>3</sup>Herman PM, Walsh ME. Hospital admissions for acute myocardial infarction, angina, stroke, and asthma after implementation of Arizona's comprehensive statewide smoking ban. *Am J Public Health*. 2011;101(3):491-6.



# PROGRAM PARTNERS

Agnew::Beck  
Akeela, Inc.  
Alaska Department of Education and Early Development  
Alaska Dental Action Coalition  
Alaska Department of Health and Social Services  
Alaska Family Services  
Alaska Island Community Services  
Alaska Native Health Board  
Alaska Native Tribal Health Consortium  
Alaska School Activities Association  
Alaska Tobacco Control Alliance  
Alere Wellbeing, Inc.  
Aleutian Pribilof Islands Association  
Aleutians East Borough School District  
AARP  
American Cancer Society  
American Heart Association  
American Lung Association in Alaska  
Anchorage Neighborhood Health Center  
Bartlett Regional Hospital  
Bridges Community Resource Network  
Bristol Bay Area Health Corporation  
Centers for Disease Control – Office on Smoking and Health  
Chugachmiut, Inc.  
Clearwater Research  
Cook Inlet Native Head Start  
Copper River Native Association  
Eastern Aleutian Tribes, Inc.  
Galena Clinic  
Ilisagvik College  
Information Insights

Juneau School District  
Kashunamiut School District  
Kenaitze Indian Tribe  
Kids Corps Inc.  
Kodiak Area Native Association  
Lake & Peninsula School District  
Maniilaq Association  
Matanuska-Susitna Borough School District  
Michael J. Stark, Ph.D.  
National Council on Alcoholism and Drug Dependence  
Nome Community Center  
Nome Public Schools  
Northwest Arctic Borough School District  
Northwest Strategies  
Norton Sound Health Corporation  
Petersburg Indian Association  
Portland State University  
Program Design and Evaluation Services  
Railbelt Mental Health & Addictions  
Rede Group  
Rocky Mountain Center for Health Promotion and Education  
Rural Alaska Community Action Program, Inc.  
SeaView Community Services  
Sitka School District  
Southcentral Foundation  
Southeast Alaska Regional Health Consortium  
Tanana Chiefs Conference  
University of Alaska Anchorage  
Wrangell Public School District  
Yukon-Koyukuk School District  
Yukon-Kuskokwim Health Corporation



Lisa Murkowski meets with youth tobacco prevention and control advocates during the 2011 Alaska Tobacco Control Alliance Annual Summit in Palmer.

## “Great for Business” Food Factory Ad



“The Food Factory is a family restaurant — we know the families, I’ve watched them grow up, I’ve watched them get married.”



“I just felt that enough was enough – I’m gonna do it! It was time to go smokefree.”



“... people came up to me and they just thanked me, they showed their support by coming to eat here more often.”



“Because everybody deserves the right to breathe clean air.”





# LOOKING FORWARD

## “Dear Me ...” Sweetie Ad



“Raising your son on your own hasn’t been easy — building a good life for him has been your #1 priority. You moved to town, started college, and got a job. Your son is happy.”



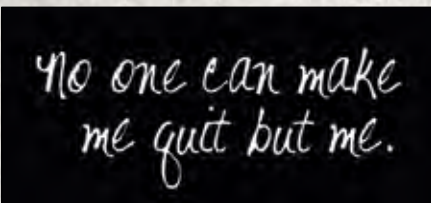
“But you continue to smoke, and every day he sees you take your life away, one smoke at a time.”



“What does he think when he watches you out the window, or when you spend all your money on cigarettes. It makes you sick to your stomach. ”



“You’re better than that – live the life you want for your son – quit already. My name is Sweetie, and ...”



Over the past 10 years, Alaska has engaged in successful strategies to reduce the disease and premature death caused by tobacco use and secondhand smoke. Alaska’s 2009 overall adult smoking rate (19 percent) was below the national average (21 percent). The overall youth smoking rate has dropped by over 50 percent between 1995 (37 percent) and 2009 (16 percent), below the national rate of 20 percent.

Today in Alaska, more tobacco users want to quit, more smokers and non-smokers agree that everyone has the right to breathe smokefree air and more Alaska communities have adopted laws to protect workers from the toxins in secondhand smoke.

These successes are the result of programs grounded in best practices within Alaska’s comprehensive Tobacco Prevention and Control Program:

- ▶ Comprehensive local smokefree workplace policies now protect 53 percent of Alaskans.
- ▶ Tobacco product price increases, — tobacco taxes — at the state and local level help dissuade kids from starting.
- ▶ Enforcement of laws reduce illegal sales of tobacco to children.
- ▶ Statewide cessation support systems help tobacco users quit.
- ▶ Sustained statewide multi-media. countermarketing campaigns inform and motivate Alaskans.

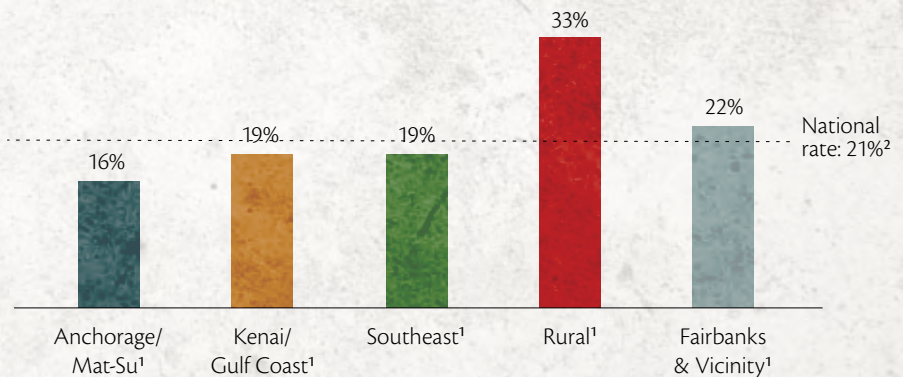
- ▶ Community and school efforts create tobacco-free environments.

## Addressing Challenges

While program successes are to be applauded, there is a long way to go before tobacco-related preventable disease and death are eliminated. This is not a static effort — there are new areas of challenge and concern that must be addressed:

- ▶ Alaska’s smokeless tobacco use is high. Industry tactics, promoting smokeless tobacco for use in smokefree environments and marketing products to children that are easy to hide, are certainly in part to blame.
- ▶ The adult smoking rate in rural Alaska communities is significantly higher than in the rest of the state.
- ▶ Smoking continues at an elevated rate among Alaska Native adults.
- ▶ Non-Native adults with low educational attainment and income smoke at higher rates.
- ▶ Young adults aged 18-29 smoke at a higher rate.
- ▶ Alaska men who smoke are increasingly likely to also use smokeless tobacco — here again, industry marketing is a probable factor.

## Adult Smoking Rates by Region, Alaska 2009



Sources: <sup>1</sup>Alaska Behavioral Risk Factor Surveillance System, 2009 (Standard and Supplemental Surveys combined); <sup>2</sup>National Behavioral Risk Factor Surveillance System 2009.



***“Aggressive policy initiatives will be necessary to end the tobacco problem. Any slackening of the public health response may reverse decades of progress in reducing tobacco-related disease and death.”***

**— Institute of Medicine of the National Academies, *Ending the Tobacco Problem: A Blueprint for the Nation*, 2007**

## A Key Partnership



Lincoln A. Bean, Sr., of Kake, Alaska, serves as a board member for the SouthEast Alaska Regional Health Consortium, Chair of the Alaska Native Health Board and is a member of the Alaska Tobacco Control Alliance Steering Committee.

*“Many of my friends and family have suffered with cancer and heart disease as a result of tobacco use and it has been devastating to witness. Tobacco prevention is very important to Alaska Native leaders.*

*State, regional and local efforts have made tremendous strides in helping people to quit tobacco and protecting people from the dangers of exposure to secondhand smoke. Native youth use has dropped from 62 percent in 1995 to 23 percent in 2009.*

*Unfortunately, there still remains a high use of tobacco among adult Alaska Native people and more needs to be done.”*

## Sustaining the Effort

States’ prevention efforts are under constant siege, not only from a strained economy, but also from the deceptive tobacco industry practices. The tobacco industry remains ready for states to let up so their addictive products can take over our children’s futures. Hard-fought successes can be reversed if prevention program funding and efforts are not sustained and do not keep pace with the promotional influences of the tobacco industry.

Alaska cannot afford static rates or a rise in youth tobacco use as has been the case in other states. We cannot afford to let smokeless tobacco gain popularity and stem the tide of smokers’ desires to quit. We cannot afford to let our young people, who are far more sensitive to tobacco advertising than adults and more likely to be influenced to use tobacco by industry marketing than by peer pressure, lose the bright promise of their futures to addiction.

This much we know is certain: Alaska’s comprehensive tobacco prevention and control program, fully funded and sustained over time, can bring about significant declines in tobacco use addiction, eradicate exposure to secondhand smoke, and realize great economic benefits to the state in averted health care costs.

## A New Ally, Old Foes

In June 2009, Congress gave states an ally in the fight against tobacco addiction with landmark legislation giving the Food and Drug Administration (FDA) power to regulate the manufacture, marketing and sale of tobacco products. One year later the FDA established national marketing regulations. Some of those first-round regulations were already in effect in many states, such as prohibiting tobacco sales to people younger than 18, restricting sales in vending machines or restricting free samples.

Several new regulations, such as prohibiting use of misleading labels — “Light” and “Mild” — and eliminating candy flavors in cigarettes, will begin changing the landscape of tobacco industry offerings, although not without industry objection and legal challenges.

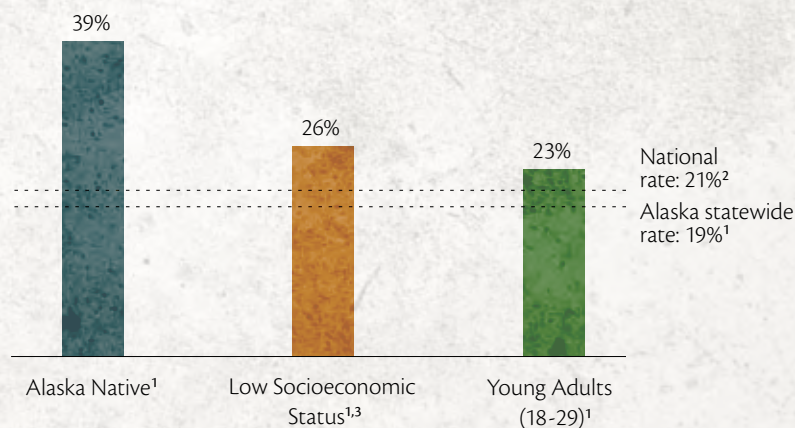
Industry marketing evasions have already begun:

- ▶ Lorillard Inc. quickly began maneuvering to salvage menthol flavored additives vital to their Newport brand sales due to the appeal to children and African Americans;
- ▶ Industry manufacturers began changing packaging colors, with lighter colors taking the place of the “Light” and “Mild” labels in order to continue to deceive smokers into thinking they are less harmful.

The FDA now has the authority to stop this activity.

Other hoped-for regulations, such as significant reductions or elimination of harmful agents like nicotine, will take time to implement, and will surely face industry-led legal delays.

## Adult Smoking Rates, Select High Risk Groups, Alaska 2009



Sources: <sup>1</sup>Alaska Behavioral Risk Factor Surveillance System, 2009 Standard and Supplemental Surveys combined; <sup>2</sup>National Behavioral Risk Factor Surveillance System 2009; <sup>3</sup>Non-Native adults, aged 25-64, who have less than a high school education or whose household income is less than 185% of the federal poverty level.





Mykel's Restaurant, Soldotna



Food Factory, Fairbanks

## “ Since going smokefree ”

I haven't seen any drops in revenue and smokers don't complain about taking it outside.

— Mike Gordon  
Chilkoot Charlie's,  
Anchorage



## Good for health. Great for business.

Smokefree policies have been shown to not only improve the health and productivity of employees, but also decrease business costs for insurance, cleaning and maintenance. Research shows that smokefree laws are routinely positive or neutral in their economic impact.



Sean Parnell, Governor, State of Alaska  
William J. Streur, Commissioner, Department of Health and Social Services

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